Early Intervention Team Models

State Interagency Coordinating Council

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Why Use a Team Approach to Early Intervention?

- Child Development is viewed as an integrated and interactive whole, rather than a collection of separate parts (Golin & Ducanis, 1981)
- Developmental problems in early life are too complex to be addressed by a single discipline (Holm & McCartin, 1978)
- The purpose of early intervention is to support care providers in developing the competence & confidence to help the child learn. (IDEA, 2000)

What do Early Intervention Teams Look Like?

- Early Intervention Teams are composed of professionals including: special education/child development; social work; psychology; medicine; and physical, occupational, and speech/language therapy.
- All teams also involve the family in varying ways and degrees.

 Team members share common tasks including assessment of the child's developmental status and the development and implementation of a program plan to meet the child's needs within the context of the family

Are the differences in Early Intervention Teams?

- Early Intervention Teams differ in their structure for interactions among team members.
- Early Intervention literature identifies and differentiates between 3 service delivery models:
 - Multidisciplinary
 - Interdisciplinary
 - Transdisciplinary

Multidisciplinary Teams

- Team members work independently of each other
- Families meet with team members separately by discipline
- · Lines of communication are informal
- Team members conduct separate assessments by discipline
- Team members develop separate plans for intervention
- Team members implement their plan separately by discipline

Interdisciplinary Teams

- Families may or may not be considered as team members
- The team meets regularly for case conferences/consultations
- Team members conduct separate assessments by discipline
- Team members come together to develop plans for intervention
- Team members are responsible for the part of the plan related to his/her professional discipline

Transdisciplinary Teams

- Families are always members of the team and determine their own team roles
- Team meets regularly to share information AND teach/learn across disciplines
- The team participates in an arena assessment, observing & recording across disciplines
- Team members share responsibility and are accountable for how the plan is implemented by one person, with the family

How Are Transdisciplinary Teams Unique?

- Team members cross and recross disciplinary boundaries, maximizing communication, interaction, and cooperation among team members
- Staff development includes:
 - Sharing general information
 - Teaching others to make specific judgments; and
 - Teaching others to perform specific actions (sharing roles)

What is Coaching?

The interaction style used by an early intervention practitioner to build the capacity of care providers to promote child learning and development in family, community, and early childhood settings.

(Rush & Shelden, 2005)

Operational Definition of Coaching

An adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

(Rush & Shelden, 2005)

Characteristics of Coaching

- Joint Planning
- Observation
- ❖ Action/Practice
- Reflection
- ❖ Feedback

(Rush & Shelden, 2005)

Multiple Providers

"The more frequent contact early intervention practitioners had with both the child and the respondent, the fewer positive well-being indicators reported."

(Dunst, Brookfield, & Epstein, 1998; Dunst, Bruder, Trivette, & Hamby, in press; Dunst & Raab, 2004; Raab & Dunst, 2004)

Multiple Providers

"The longer a child and family received early intervention, the more negative the effect on global well-being."

(Dunst, Brookfield, & Epstein, 1998)

Multiple Providers

"The total amount of child and family services received was negatively related to both personal and family well-being; the more services received, the poorer parent and family functioning."

(Dunst, Brookfield, & Epstein, 1998)

Multiple Providers

Preliminary survey data of a parent report of the helpfulness of early intervention providers indicate that 96% of the parents having one provider rated him/her as helpful, 77% of the parents having two providers rated them as helpful, and 69% of parents having three or more providers rated them as helpful (p<.001).

(Dunst & Bruder, 2004 Findings from National Survey of Service Coordination in Early Intervention (Research and Training Center on Service Coordination)

Operational Definition of the Primary Coach Approach

The primary coach approach to teaming is a family-centered process for supporting families of young children with disabilities in which one member of an identified multidisciplinary team is selected as the primary coach who receives coaching from other team members, and uses coaching as the key intervention strategy to build the capacity of parents and other care providers to use everyday learning opportunities to promote child development.

(Shelden & Rush, 2005)

Characteristics of Primary Coach Approach

- An identified team of individuals from multiple disciplines (i.e., service coordinator, ECSE/ECE, OT, PT, SLP) having expertise in child development, family support, and coaching is assigned to each family in the program.
- One team member serves as primary coach.
- The primary coach receives coaching from other team members through ongoing planned and spontaneous interactions.
 (Shelden & Rush, 2005)

Primary Coach Approach – Implementation Conditions

 All team members attend regular team meetings for the purpose of colleague-tocolleague coaching. Coaching topics at team meetings are varied and include specific information for supporting team members in their role as the primary coach.

(Shelden & Rush, 2005)

Team Meeting Guidelines

- One team member serves as team meeting facilitator
- Announcements are provided in written form and not discussed
- Scheduling occurs at the end of the meeting
- Families know when/why their primary coach brings questions to the team meeting
- No decisions are made at team meetings without parents
- When families participate, meetings are held at convenient times & locations for the family (Shelden & Rush, 2005)

Primary Coach Approach – Implementation Conditions

- The primary coach is selected based upon desired outcomes of the family, rapport/relationship between coach and learner, and knowledge and availability of the primary coach and family.
- Joint visits should occur at the same place and time whenever possible with/by other team members to support the primary coach.

(Shelden & Rush, 2005)

Primary Coach Approach – Implementation Conditions

 The primary coach for a family should change as infrequently as possible.
 Justifiable reasons for changing the primary coach include a request by a family member or other care provider due to a personality conflict; or when a primary coach believes that even with coaching from other team members he or she is ineffective in supporting the care providers.

(Shelden & Rush, 2005)

Use of a Primary Coach is not...

- · "watered-down" approach.
- teaching the care provider to do therapy.
- a speech-language pathologist providing physical therapy.
- used because you don't have a particular discipline available.
- used to save money.

What Happens

- From clinic-based, segregated, decontextualized environments to natural learning environments
- From no teams to dedicated regional teams
- From no regular contact among practitioners to weekly team meetings, joint visits, and ongoing interactions (i.e., phone calls, email)
- From limited insight and speculation to actual administrative knowledge of practices occurring during visits

What Happens

- From individual practitioner responsibility for use of evidence-based practices to team and program accountability
- From limited services to access to a full team of practitioners from a variety of disciplines
- From hierarchical view of roles to equality among team members

What We Know

- Team Meetings
 - Teams that meet weekly learn and implement the practices
 - Teams that meet weekly have higher accountability among team members
 - Teams meet on average less than 1 ½ hours per week
 - When coaching occurs at team meetings, the practices are implemented
 - Meetings are more productive when guided by a competent, consistent facilitator
 - All team members attend the team meetings
 - The order in which items occur on the agenda matters
 - Dedicated service coordinators love team meetings

What We Know

- Early Intervention Process
 - Same team should support families from initial referral through transition
- Joint Visits
 - 15-20% of total visits are joint visits
 - Disciplines other than core, may require more joint visits
 - Three steps are required for joint visits to be effective
- Changes in Primary Coach
 - Primary coaches do not change frequently

What We Know

- Time
 - Moving to a primary coach approach takes intensive support over time
- Leadership
 - Administrative support for use of the approach is essential
 - Program administrators must attend at least some team meetings
- Service Coordination
 - Primary coach works with any type of service coordination model

What We Are Learning

- Team load
- Frequency and duration of team meetings
- Amount of time spent in team meetings per practitioner per child
- How to decrease the amount of time required to learn and implement the practices
- Comparison in cost of primary coach approach and traditional model
- Outcomes for families
- Outcomes for children

References

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Resources

http://www.coachinginearlychildhood.org

http://www.disabilityisnatural.com

http://www.fippcase.org

http://www.poweroftheordinary.org

http://www.researchtopractice.info